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ABSTRACT

The purpose of this paper is to describe 1.) the Death Education and Suicide Behavior course offered at the University of Maryland; 2.) the comments of the students both before and after the course as a means of determining any effect of the course; and 3.) some insights gained from teaching taboo topics such as human death and sexuality. The course syllabus includes the varied biological, psychoanalytic, and non-psychoanalytic theories of death; examination of the philosophical thought of the great eastern and western philosophers and religions; discussion of bereavement, mourning, and grief; exploration of suicidal behavior and the relationship between human sexuality and suicide; and study of the "socially-dead": the aged, ugly, handicapped, and other outcasts of society. The importance of small group discussions and individual counseling, in addition to the course lectures, is discussed, as well as the developmental stages which students enrolled in a death education class seem to evolve. Reactions of students to the course and initial reasons for wanting to take the course are also examined. References are included. (Author/SES)

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Education for Death, or Death Becomes Less a Stranger

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It has been said that we tend to deny or avoid both the thought and phenomenon of death in ourselves and others. Forty years ago Thomas Browne wrote, "The long habit of living ill disposeth me for dying". At the Hamline Symposium on Death Education, John Brantner summed up our reluctance to face death when he said, "Like children playing games at twilight, we don't want to go home when we are called". Familiar to all thanatologists are the remarks of La Rouchefoucauld that one can no more look steadily at death than he can the sun, and Freud who felt that to our unconscious we are immortal. Yet experience and evidence seems to indicate that more and more we are becoming aware and conscious of the inevitability and ubiquitous nature of personal death in our industrialized society.

My students accept the notion of inevitable death but they react to dying before their time. They wish to enjoy their life span; to raise their families, to do their thing. They do not wish to live in fear of imminent death. Thus the relationship between life and death; between the view one has of death and its affect on health becomes apparent. Freud knew this when he argued for the removal of the taboo on death, as a first step in "making life bearable by preparing for death" (2, p.vii). Socrates urged us to study death if we would enjoy life. Thus the increase of literature, of newspaper and TV inquiries and reporting, and college and university course offerings attests to this interest. Man is both frightened and curious about death. He is becoming more aware that how he views death, dying, suicide and homicide both of himself and significant others will affect his daily living and health.

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The purpose of this paper is to describe (1) the Death Education and Suicide Behavior course offered at the University of Maryland; (2) the comments of students both before and after the course as a means of determining any effect of the course; and (3) some insights gained from teaching taboo topics such as human death and human sexuality.

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Perhaps the greatest benefit of teaching taboo subject matter is that the taboo is automatically removed. By discussing death, its implied sacred and unclean character, along with the accompanying myths, stereotypes, and invalid generalizations are held open to examination and scrutiny. I asked 300 or so students enrolled in the "Death Education and Suicide Behavior" course to respond to some questions both before and after the course. One of the post-course questions asked, "How did the Course affect your thinking about any aspect of death?" About one-third (n=101) responded that the Course enabled them to crystalize their thoughts about death, to verbalize, communicate, and to think about death consciously. Since communication is the essential method of psychotherapy it seems likely that the Course does provide some support in reducing fear of the many aspects of death. For example 91% (n=281) eported that the Course made some significant contribution to their ability to face their inevitable personal death, to work through their fears, and that they felt more comfortable with their attitude toward death. Forty-nine (16%) mentioned that they felt better able to cope with the death of a significant other person.

On the other hand ten students (3%) reported that their fear of death and attitudes regarding death were exacerbated as a result of taking the Course.

One percent (n=4) found themselves depressed about death while 7 percent (n=21) reported that the frequency in their thinking of death increased. Four percent or thirteen students reported a fear of hospitals and technology, that is, they worried over the possibility of an "undignified death." In terms of suicide thirteen students felt that they perceived the phenomena differently, that is, it was no longer associated exclusively with insanity or other simplistic etiological explanation.

In terms of education and understanding the pervasive effect of death upon man, 16 or 5 percent were appreciative to have learned how other societies viewed death. Nine reported that the Course was helpful to their major field of study while 40 felt more empathy with the aged and dying person. In their essays 24 students (8%) felt compelled to mention the need for parent education, and 4 percent felt that they would enjoy life more after taking the Course.

From a research perspective we are interested in large numbers and significant changes yet, clinically, we must be sensitive to the small numbers of students who have special needs as a result of their perception of death.

It is obvious that opening the Pandora's box of taboo topics suggests a responsibility to consider the possible traumatic reaction of some students. Experience has indicated that the teacher of death education or human sexuality must be fairly sophisticated about counseling and crisis intervention techniques.

Students will come in for help once the topic of death is legitimized. To my regret the small group discussion was minimumly utilized this past semester due to a large enrollment. Approximately 99 percent of the class felt this to be a costly mistake. This coming Fall we shall run small groups one day a week led by graduate health education and possibly graduate counseling psychology students. Students need to have a chance to interact so that many can find, as one girl wrote, that "her feelings concerning death and dying were not 'abnormal' but were shared by her classmates." "It was a great relief to know that others worried and thought of their own death and that of their family as I did." Seventeen (5%) students noted their relief as they realized their attitudes and feelings toward death were appropriate. I have always recommended that courses devoted to the study of taboo topics need to (1) present the science, medicine, and theory of the particular subject matter by the usual pedantic methodology, e.g. lecture, readings,etc., (2) provide small group discussion which allows ventilation of fears, as well as greater exploration of a topic, and (3) individual counseling when so requested. (10)

Now, let me offer a brief history of our experience in teaching about death. At the University of Maryland a basic one semester course in health education was required of all students until this year. (1972-73) Many of our faculty feel that the goal of any health education course should be to help people enjoy happier lives. Parenthetically I should add that great emphasis is placed on understanding variation in human behavior, that is, we try to stay away from moralistic positions in terms of behavior. Secondly some of us feel that health education should be concerned with more important matters other than washing one's hands after using the lavatory. Such areas relating to human health as human death and dying, human sexuality, ecology, war, parent education and child rearing, hunger and poverty, and self-actualization were felt to be of greater priority.

In 1965 2-3 lectures on death, bereavement, and suicide were presented and later found to be exceeded in popularity only by the material on human sexuality.

During the summer of 1970 a workshop entitled "Death Education and Suicide Behavior" was offered which attracted 27 students from a variety of disciplines. The following summer fifty registered. In the spring, 1972, "Death Education and Suicidal Behavior" became part of our Department's formal curriculum and drew over 300 students.

When asked why they enrolled for the Course, nearly half (49%) gave pragmatic responses, that is, they were curious about the subject matter, it filled an elective need, or could nicely fit into a time slot. Thirty-six percent (n=113) took the Course to overcome the fear of personal death, and 11 percent or 36 students enrolled with the hope of overcoming their fear of the death

of others. 33 students (11%) reported feeling guilty over the death of another while 30 students (10%) reported worry over the eventual death of another.

Others enrolled to enhance their communication about death and to better become educated about death. 71 or 23 percent wished to learn to help others overcome their fear of death as part of their professional training, e.g., nursing, medicine, psychology, law enforcement, etc. "To better understand the subject matter of death," was mentioned by 78 students(25%). Only 9 percent or 28 students mentioned taking the Course to prepare for their own eventual death. A small number, two percent, wished to learn to communicate better regarding death, three percent (10 students) hoped the Course would help them become better parents. Two students hoped the Course would better help prepare them for old age.

Eight students were motivated to enroll because of their experiential contact with death. Six had experienced the so-called death-trip while using psychedelic drugs, and two reported having a "close call" with death.

Nearly half (49%) of the class noted that recommendation of other students and faculty, previous experience with the instructor or the Department, radio and television programs describing the Course played some part in their selection. 54 students were motivated to take the Course because of their interest in suicide.

Basically, the syllabus has remained the same over the years. Our goals indicate concern that students come to understand death so that they might better enjoy life by coming to terms with their eventual death and that of others. Hopefully, a reverence for life, animal, plant, and human will be considered. We want our students to be able to use the language of death matter of factly without becoming emotionally involved. They should gain some idea of the complex etiology of suicide and be sensitive to and able to help the person who is contemplating self-destruction. Certainly the Course hopes to stimulate research in the areas of thanatology and suicidology. We hope that the Course enables students to interact and communicate more humanistically with the dying person, and others who might be classified as socially dead. Most importantly, we hope to help the parent and parent-to-be understand the relationship between the meaning of death and the healthy development of children. Great emphasis is given in discussing the effects of separation and loss, death-related punishment, and the child's view of death.

The topical areas presented in the Course have remained, essentially, the same over the years. A great deal of emphasis is placed on the definitions, semantics, and language of death and its effect on behavior. After all, if we are hung up on the language of death or sex then it is quite obvious that

learning is inhibited. As Shneidman (14) and Kastenbaum (7) have emphasized a need exists to more precisely define our terms if we are to communicate effectively. What do we mean by suicide, death, dead, and dying?

After discussing the varied biological, psychoanalytic and non-psychoanalytic theories of death our concern focuses on those factors which influence our thinking and reactions to death and dying. Throughout history how have people and different cultures, both industrialized and non-industrialized reacted to the theme of death, dying, the dead and suicide? Certainly social factors influence the treatment of the terminally ill patient. Sudnow (17), for example, has postulated that the type hospital (proprietary vs. state or municipal) and their staff is related to the treatment of the dying patient, the handling and disposal of the dead person. A person's social status seems to determine the quality of care which he receives: a derelict from "skid row" and an infant both suffering from cardiac arrest very well may receive different treatment. Fulton's text, Death and Identity, (4) is of great value in helping to understand the sociology of death. Using the classic work of Jacques Choron as a basis (Death and Western Thought) (1) the philosophical thought of the great eastern and western philosophers and religions are examined.

Several sessions are devoted toward gaining an understanding of bereavement, mourning, and grief. Of course contemporary funeral and burial rituals in our own culture are discussed and, I might add, stimulate great argument if not sheer animosity. Students find it most difficult to accept the materialism of the contemporary funeral even though they accept its possible psychological value. Fortunately, our guest speakers representing the funeral industry have been quite open in their approach and, in general, are well received.

How different populations view death from a demographic and developmental viewpoint is the next topic. The view of the child, the adolescent, the young adult, and the aged is of great importance. How do different ethnic and economic groups react to death? Unfortunately little data is available here. How do those in intimate contact with death react to it, e.g., nurses and physicians, the dying themselves, hazardous sports participants, etc.?

Because of the great importance and emphasis we place upon the health of children a session devoted to death, parent-education, and child-rearing is presented.

After examining the complexity of the nature of suicidal behavior, and suicide prevention the relationship between human sexuality and suicide is discussed. In this lecture special reference is made to the aged populations where the incidence of suicide increases with age while functioning sexual expression decreases. Of interest is the research of Masters and Johnson (11) and other investigators (10a, 12) indicate that sexual functioning need not

become extinct with age under certain conditions. It is felt that when sexual drive is expressed without guilt or fear suicidal behavior becomes negligible. "Where there is an erection suicide cannot exist" is an over simplification but makes the point.

A session is directed toward the relationship between the study of death and human health, and finally we talk of the so-called socially-dead: the aged, the ugly, the handicapped, the dying, winos, and other outcasts, with the goal of understanding the generally aversive reaction to these individuals.

Required texts have included the works of Kubler-Ross (9), Edgar Jackson (6), Feifel (3), Stengel (16), Scott and Brewer (13), Hinton (5), Shneidman and Farberow (15), and of course Choron (1, 2). In our graduate course we will use Kastenbaum and Aisenberg's The Psychology of Death (8), and perhaps a few others.

Besides attending lectures and guest lectures, reading, and doing research students react favorably to their visit to a death-related agency. These have included animal and human cemetaries, morgues, crematoria, and some students have watched and even participated in an autopsy (not the psychological type). By allowing the student free choice in the agency to be visited he tends to select that which he will feel comfortable. For many it is their first contact with death. The film, Death (distributed by Filmakers Library, Inc., 290 West End Avenue, New York City 10023), is a powerful, moving story of a man dying of cancer. It, too, was rated highly as a death-related experience.

This quick run down of our syllabus helps one to see the complexity and variegated nature of thanatology as we try to integrate it into death-as-personal. This integration is further enhanced when students interact in small groups and when they are allowed individual counseling.

Generally the counseling concerns three areas: (1) concern over the impending death or the past death of a loved one, (2) suicidal thinking, either as a continuous preoccupation or as a trenchant, here and now possibility, and (3) preoccupation with the thought of personal death (thanatophobia).

Let me mention again that one must be aware that a percentage of the population registered for the course are there for therapy and help. For example, six students had made a previous suicide attempt, seven had or were contemplating it, and another 28 were "interested" in the topic. Categorically, I can say that no one enrolled in the Course has suicided to date but it remains a possibility. The instructor in Death Education needs to be prepared for the eventuality of a student's suicide. Not only will he have his own guilt feelings to work through but the news media and citizens' groups may blame the course material and the instructor, himself, for the death. Our plan is to always administer tests to enrolled students both for research and screening purposes,

and to provide counseling.

My impression is that our students' greatest conscious concern is the fear of pain associated with dying (72%). The affect of death as loss is a great concern with fifty-two percent, or 156 students who associated death with the loss of a loved one. 21 percent were concerned over the affect of their dying on the remaining loved ones. Yet 72 students (24%) associated death with feelings of despair and aloneness. Fear of a painful and prolonged dying while in the hospital seemed to be far greater than fear of death.

A few (2%) saw dying as a means of potentiation. Four percent wrote that they will enjoy life more now that they have some understanding of death, and thirteen percent reported that they felt more empathetic toward and less fearful of the dying and the aged person.

In closing let me mention a few observations on the developmental stages which students enrolled in a death education class seem to evolve. These stages might be labeled shock, denial and disbelief, anger, depression, and tranquil acceptance. Initially the student seems to be shocked as he spends his first hour listening to repeated usage of death language. The language of death has to be gradually introduced to the listener. Euphemisms and an explanation for their use are appropriate during this first meeting of the class.

After the stage of shock many students report a stage of denial and disbelief. "I heard you talk of death...the possible association between loss of a parent and later child development, and I thought I was in a dream," wrote one student. "I found my mind wandering for the first few lectures...it was later that I was able to take notes," writes another. A third student was not attending class because she had forgotten that she was enrolled in the Course (a case of amnesia in service to the ego).

The third stage is anger and is directed toward the instructor, the University, oneself or a guest speaker. "How could the University be so stupid to offer such a course?" "What kind of crazy nut is the instructor?" "What kind of crazy nut am I to have enrolled?" The stage of anger usually passes quickly and some students do not report experiencing it.

On the other hand nearly all go through a fourth stage, depression of some degree or another. Even in a class of 300 it is fairly easy to spot those who are visibly suffering because of their projection and identification with the dead, the dying, and death. During a coffee break they will be called aside to discuss that which is bothering them.

About one third to half way through the Course the fifth and final stage is entered, the stage of tranquil acceptance. Our students have been matter-of-factly using the language of death for quite some time. Many have visited death-

related agencies. They have read and talked of death with their friends and relatives. Death is no longer a stranger. Many are fascinated with the richness of the subject matter. Others are applying it to their professional or personal life. The tone of the class is quite somber. Rarely do we have the belly laughs which occur in our sex education class but lively debates are common. Our guest speakers had best refrain from hypocritical, obsequious statements, and the rise of unctuous euphemisms. Death is accepted as the end of life by most, a mystery by some and a step to afterlife by others.

A similarity exists between the stages described and those through which the dying themselves seem to evolve (9). Kubler-Ross, for example, has described five stages very similar to those which we have mentioned: denial and isolation, anger, bargaining with God, depression, and acceptance (9). One might hypothesize that the student of death vicariously experiences the same emotions, to a degree, as does the dying person himself, or as a significant other person who comes face to face with the news of the imminent death of a loved one. Two questions need empirical evaluation: (1) Can the stages described be experimentally validated, and (2) what are the factors which are related to a student vicariously reacting to the possibility of (a) his own death or (b) that of a significant other person.

In closing it should be mentioned that some students complain that the Course was "sad", or depressing. In rebuttal most of the students, themselves, respond that they were never promised a chocolate cake and that the sadness associated with death is as natural as the joy associated with birth. Each is a part of life and if we are to understand ourselves then we had best see death not as a stranger but as a foil, a stimulus, and a teacher which might help us live in greater harmony and peace with oneself and others.

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